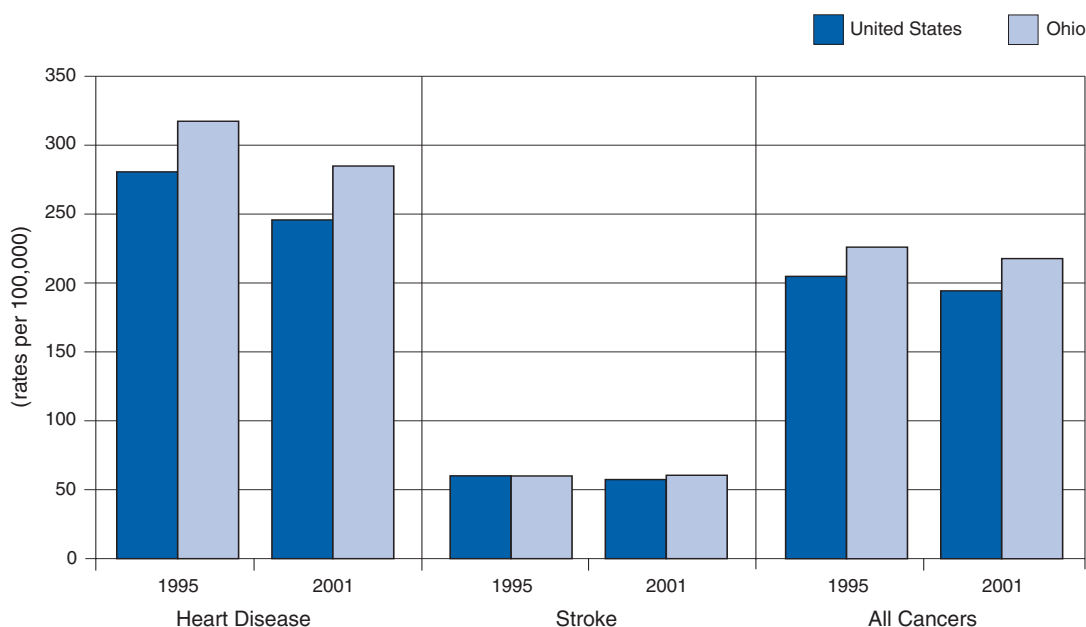


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and Ohio, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

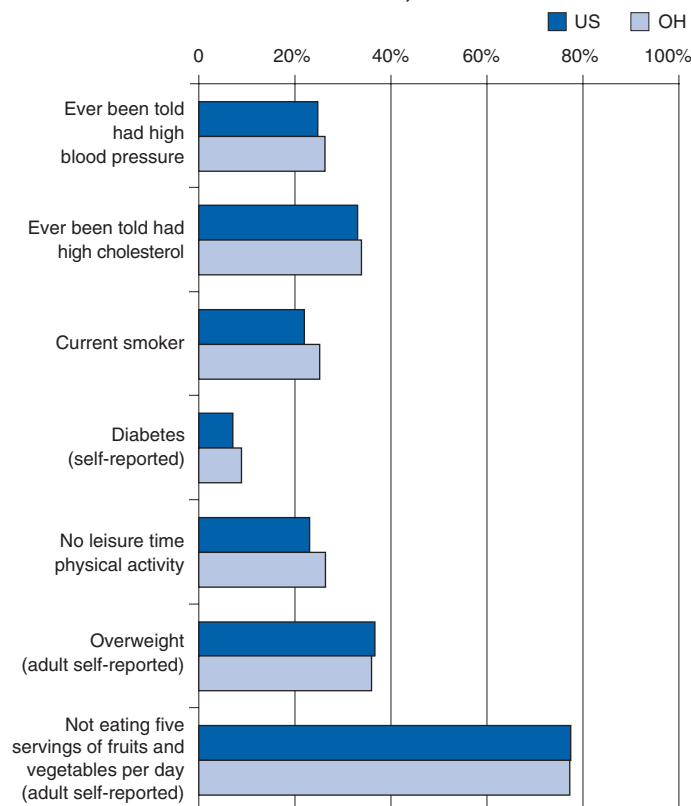
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Ohio, accounting for 32,453 deaths or approximately 30% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 6,891 deaths or approximately 6% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 24,480 are expected in Ohio. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 59,410 new cases that are likely to be diagnosed in Ohio.

Estimated Cancer Deaths, 2004

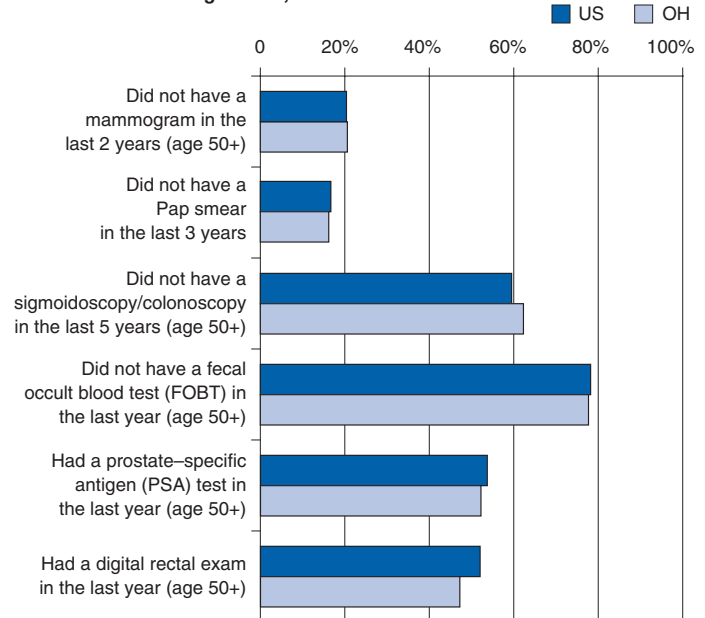
Cause of death	US	OH
All Cancers	563,700	24,480
Breast (female)	40,110	1,870
Colorectal	56,730	2,610
Lung and Bronchus	160,440	7,130
Prostate	29,900	1,120

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

Ohio's Chronic Disease Program Accomplishments

Examples of Ohio's Prevention Successes

- Statistically significant decreases in cancer deaths among African American men (404.4 per 100,000 in 1990 versus 379.1 per 100,000 in 2000).
- A 22.2% decrease in the number of women in Ohio older than age 50 who reported not having a mammogram in the last 2 years (from 42.8% in 1992 to 20.6% in 2002).
- Lower prevalence rates than the corresponding national rates of self-reported weight classification as overweight (35.8% in Ohio versus 37.0% nationally), and for Hispanic women older than age 18 who reported not having had a Pap smear in the last 3 years (8.1% for Hispanic women in Ohio versus 17.3% for Hispanic women nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Ohio in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Ohio, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Ohio BRFSS</i>	\$216,594
National Program of Cancer Registries <i>Ohio Cancer Incidence Surveillance System</i>	\$1,358,521
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program <i>Great Lakes Stroke Regional Network</i> <i>Ohio Cardiovascular Health Alliance</i>	\$356,165
Diabetes Control Program <i>Diabetes Prevention and Education Program</i>	\$708,668
National Breast and Cervical Cancer Early Detection Program <i>Breast and Cervical Cancer Project</i>	\$4,363,333
National Comprehensive Cancer Control Program <i>Ohio Cancer Program</i>	\$300,000
WISEWOMAN	\$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>Ohio Tobacco Prevention and Control Program</i>	\$1,395,373
State Nutrition and Physical Activity/Obesity Prevention Program	\$0
Racial and Ethnic Approaches to Community Health (REACH 2010)	\$0
Total	\$8,698,654

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Ohio that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Cardiovascular Disease

Cardiovascular disease (CVD), which includes heart disease and stroke, is the nation's leading killer among both men and women and affects all racial and ethnic groups. In 2001, CVD was the number one cause of death in Ohio, particularly for people aged 65 and older; however, it is the second leading cause of death among people aged 35 to 64. Both heart disease and stroke account for more deaths in every Ohio county than any other cause of death, including cancer.

In 2001, CDC mortality data indicate that the heart disease death rate in Ohio was the 13th highest in the United States and exceeded the national heart disease death rate by almost 10% (271 per 100,000 versus 246.8 per 100,000 nationally). Although the stroke rate in Ohio is close to the national average (57.4 per 100,000 in Ohio compared with 57.5 nationally), stroke still ranked as the third leading cause of death in 2001, according to CDC mortality data.

In the 1990s, CVD death rates declined for both African Americans and whites in Ohio, but the gap between the two groups did not narrow. From 1990 to 1998, overall CVD death rates in the state declined 17.2% among white men and 10.2% among white women, but decreased only about 8.7% among African American men and 8.4% among African American women.

Modifiable risk factors for CVD include obesity, cigarette smoking, high blood pressure, high blood cholesterol, and diabetes. Adults in Ohio have higher rates of each of these risk factors than the corresponding national average. Data from CDC's Behavioral Risk Factor Surveillance System indicate that in 2003, 24.9% of adults in Ohio were obese, compared with 22.8% nationally. In addition, 25.2% of adults in Ohio smoked, compared with 22.0% of adults nationally. Over 26% of adults in Ohio reported having been told that they have high blood pressure, compared with 24.8% nationally, and 33.9% reported having been told that they have high blood cholesterol, compared with 33.1% nationally. Diabetes is a chronic disease; however, it is also a risk factor for CVD. In Ohio, 8.9% of adults reported having been told that they have diabetes, compared with 7.1% nationally. In 1999, 95% of adults reported having at least one risk factor for CVD and almost 80% reported having two or more CVD risk factors.

Text adapted from Cardiovascular Disease in Ohio 2001: A Profile of Cardiovascular Disease Mortality and Related Behavioral Risk Factors.

Disparities in Health

Almost 20% of the US population lives in rural areas. People in these rural areas have a higher risk of heart disease, diabetes, and cancer, attributable in part to a population that is older, poorer, and less educated. More than one half of Ohio's 88 counties are considered rural, and approximately 2,807,706 people (26%) live in these areas. The majority of this population lives in the Appalachian region, which includes a 29-county area located in southeast Ohio.

Appalachia has the third highest overall death rate in the United States (25% of these deaths could have been prevented by the adoption of healthier lifestyles). The Appalachian population also has high rates of risk factors; people living in this region are the most inactive population in the United States and have the ninth highest obesity rate in the nation. The rate of cigarette smoking among the Appalachian population is 29% (the national rate is 25%). Appalachia also has the highest lung cancer death rate in the nation and the second highest cervical cancer death rate in the United States.

Heart disease death rates for Appalachian whites aged 35 to 64 were consistently higher than those for the entire United States. In 1993, heart disease death rates for Appalachian white men aged 35 to 64 were 19% higher than the national rates for white men of all ages. Similarly, in 1993, heart disease death rates for Appalachian white women aged 35-64 were 21% higher than the national rates for white women of all ages.

Other Disparities

- **Obesity:** African Americans in Ohio are more likely to be obese (36.4%) than whites (24.0%).
- **Physical Activity and Nutrition:** Hispanics (54.6%) and African Americans (57.0%) are more likely to report not meeting the recommended guidelines for moderate physical activity than whites (52.5%); however, African Americans (24.0%) are more likely to report consuming 5 or more servings of fruits and vegetables per day than whites (22.0%) or Hispanics (19.4%).
- **Cervical Cancer:** Although data from CDC's 2002 Behavioral Risk Factor Surveillance System indicate that African American women were more likely to report having had a Pap smear in the last 3 years (94.6%) than white women (87.3%), African American women had cervical cancer death rates in 2001 almost twice as high as white women (5.0 per 100,000, compared with 2.6 per 100,000).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42, 4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962
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